



HUMAN RESEARCH ETHICS PROGRAM
NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
www.nj.gov/health/hrep

INSTITUTIONAL APPROVAL OF INTRAMURAL RESEARCH

Principal Investigator: _____

Research Project Title: _____

As the Principal Investigator's supervisor I hereby certify:

- (1) The Principal Investigator is qualified to design, implement, perform, record, analyze and report the findings of this research project, and s/he has the necessary resources and support personnel.
- (2) I will promptly notify the Institutional Review Board if I determine: i) the research project is implemented or modified without prior IRB approval, ii) the research project is conducted in violation of IRB requirements or NJDHSS policies, iii) confidentiality has been breached or iv) there has been a serious or unanticipated adverse event to a research subject.

Supervisor Name: _____

Title: _____

Division: _____

Program: _____

Supervisor Signature: _____ Date: _____

I hereby authorize the submission of this research project to the IRB.

Assistant Commissioner

Name: _____

Signature: _____ Date: _____

Deputy/Senior Assistant Commissioner

Name: _____

Signature: _____ Date: _____

HREP Use Only			
HREP Received	Approved for IRB Submission	Authorized By	Date